

## CHAPTER 2. ORGANIZATIONAL STRUCTURE

### 2.01 CENTRAL OFFICE REHABILITATION RESEARCH AND DEVELOPMENT SERVICE

The Director, Rehab R&D (Rehabilitation Research and Development) Service, reports directly to the DACMD (Deputy Assistant Chief Medical Director) for Prosthetics Services, Research and Development for all aspects of Rehab R&D operations. All budget actions relating to the Rehab R&D program are forwarded through the DACMD for Prosthetics Services, R&D for concurrence prior to being forwarded to the ACMD for Clinical Affairs and to the ACMD for Research and Development for review and implementation.

### 2.02 HEALTH CARE FACILITIES

a. The ACOS/R&D or the C/R&D at the investigator's health care facility coordinates Rehab R&D proposal submissions and administers approved Rehab R&D projects.

b. The R&D Committee and its subcommittees, such as the Subcommittee on Human Studies, perform the same function for Rehab R&D projects as for other research and development. Ad hoc reviewers may be needed to evaluate the scientific and technical aspects of Rehab R&D proposals. The committee reviews the proposals for relevance to the VA health care services and the feasibility of conducting the projects at the health care facility. Human rights issues are addressed by the Human Studies Subcommittee.

c. Professional personnel, including biomedical engineers, in VA health care facilities may initiate and conduct Rehab R&D projects. R&D resources made available by the Rehab R&D Service for approved projects or to provide scientific and technical assistance are not to be used for routine patient care.

### 2.03 REHABILITATION RESEARCH AND DEVELOPMENT CENTERS

a. Rehab R&D Centers are established in VA health care facilities to conduct research and development in areas of special interest. Research and Development activities at a center may include many programs or be more restricted in scope. The centers must be responsive to agencywide needs, but remain the responsibility of the health care facility Director with the usual relationship to the R&D Committee and the ACOS/R&D.

b. Each Rehab R&D center is administered by a Director and an Assistant Director, one of whom shall be a physician, the other a rehabilitation engineer. The center is staffed to discharge its professional and technical responsibilities but obtains administrative support and services from the health care facility with which it is associated. Any remuneration for the administrative support provided by the R&D office of the parent facility will be determined by the Rehab R&D Service based on services provided.

c. Rehab R&D Centers conduct intensive and extensive research and development within their assigned programs, including fabrication, laboratory testing, preclinical testing, and evaluation, and, when appropriate, clinical evaluation. Rehab R&D Center programs are chiefly intramural but a center Director may recommend and administer approved contracts in furtherance of the approved research and development programs.

d. Rehab R&D Centers must develop a Rehab R&D affiliation by a memorandums of understanding with local academic engineering institutions. Such memorandums shall be approved by the local facility Director and the Director, Rehab R&D Service. Rehab R&D Center personnel are encouraged to conduct classes in biomedical engineering at the centers and to stimulate involvement of students and faculty in research and development projects at the centers. As appropriate the Rehab R&D Center Director coordinates programs under the Rehab R&D affiliation with other VA components, including the ACOS/R&D, the Associate Chief of Staff for Education, Chief of Staff, and the facility Director. Educational programs for students require a Memorandum of Affiliation in accordance with M-8, part 1, appendix 2B.

### 2.04 REHABILITATION RESEARCH AND DEVELOPMENT UNITS

A Rehab R&D Unit is an organizational designation for a rehabilitation R&D activity with a limited, specific, centrally directed mission. Based on growth and progression in the scope and the number of merit approved projects

developed by the unit, such a unit could evolve into a Rehab R&D Center. A unit would be expected to affiliate with an engineering school(s) and other academic institutions as appropriate. Liaison with other R&D facilities will be promoted.

## **2.05 ASSOCIATION WITH ENGINEERING SCHOOLS**

a. A VA health care facility that does not have a Rehab R&D Center may enter into an agreement for Rehab R&D collaboration with an engineering school. A memorandum of understanding provides the basis for cooperation between the two institutions but arrangements differ significantly from those in medical school affiliations.

b. While it is preferred that they serve as VA employees, faculty members and research assistants (who may also be graduate students) may work in VA facilities as a WOC (without compensation) employee under a contract or IPA (Intergovernmental Personnel Act) agreement. Under such agreements an engineering school assigns its personnel to accomplish specific objectives stipulated in the contract or IPA agreement. University students employed as research assistants are considered temporary employees and are not eligible for assignment under the IPA program (FPM, ch. 334, par. 1-3e(3).)